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PETER S. CANELIAS****TEL: (212) 223-9654****FAX: (212) 223-9651****FACSIMILE TRANSMITTAL SHEET**

TO	FROM:
Commissioner for Patents	Peter Canelias
COMPANY:	DATE:
USPTO	9/16/2010
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
571-273-8300	22
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
	AS2
RE:	YOUR REFERENCE NUMBER:
Amendment and response to Office Action; U.S. Patent Application Serial No. 10/798,079	10/798,079

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:**CONFIDENTIAL**

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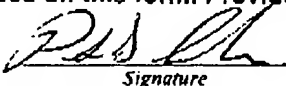
1. Amendment Transmittal Letter (1 pg.);
2. Amendment and response to office action (19 pgs.)
3. Certificate of Transmission (1 pg.)

all in response to an office action in respect of U.S. application serial no. 10/798,079.

Thank you for your assistance.
Peter Canelias, reg. no. 40,547

420 LEXINGTON AVENUE
SUITE 300
NEW YORK, NEW YORK 10170

SEP 16 2010

AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No AS2	
Applicant(s): Aaron Charles Newman; Emiliano Berenbaum					
Application No. 10/798,079	Filing Date 03/11/2004	Examiner Paul Kim	Customer No. 31097	Group Art Unit 2161	Confirmation No. 5342
Invention: SYSTEM FOR PROTECTING DATABASE APPLICATIONS FROM UNAUTHORIZED ACTIVITY					
<u>COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	7 -	88 =	0	x \$26.00	\$0.00
INDEP. CLAIMS	1 -	14 =	0	x \$110.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 501422 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 _____ Signature			Dated: September 16, 2010		
Peter S. Canelias, reg. no. 40,547 Law Offices of Peter S. Canelias 420 Lexington Avenue, Suite 300 New York, NY 10170 Tel: (212) 223-9654 Fax: (212) 223-9651			<div style="border: 1px solid black; padding: 5px;"> I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence </div>		
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